



# Data Points

RESULTS FROM THE 2008 CALIFORNIA WOMEN'S HEALTH SURVEY

The California Women's Health Survey (CWHS) is an ongoing annual telephone survey that collects information on a wide variety of health indicators and health-related knowledge, behaviors, and attitudes from a sample of approximately 4,000 randomly selected women, ages 18 or older. The survey began in March 1997 as a collaborative effort between the California Department of Health Services, California Department of Mental Health, California Department of Alcohol and Drug Programs, California Medical Review, Inc., California Department of Social Services, and Public Health Institute. The survey is administered by the Survey Research Group of the Public Health Institute.

Survey respondents are asked about past and present involvement in health care systems, food security status, participation in government nutrition programs, prenatal care, vitamin consumption, alcohol consumption, breastfeeding, sexually transmitted diseases, and utilization of cancer screening procedures and other preventative measures. They also are asked for basic demographic information such as age, race/ethnicity, employment status, and education.

Participation in the CWHS is voluntary and anonymous. Interviews are conducted by trained interviewers following standardized procedures developed by the Survey Research Group staff and the Centers for Disease Control and Prevention. Data are collected monthly from a random sample of California women living in households with telephones. Quality control procedures are

rigorous to ensure a high level of accuracy in the data collected.

Using a computer-assisted telephone interviewing system, interviewers read questions as they are displayed on a computer screen. Responses are keyed directly into the computer.

Once a household is reached, all women ages 18 or older living within that household are eligible to participate in the survey. If more than one member of the household is eligible, one person is selected at random (using a computer-generated random selection algorithm) to become the respondent. If the person selected is not available, an appointment is made to conduct the interview at a different time or on another day. Once a respondent is selected, no other household member can be selected, even if it is not possible to obtain an interview from the selected respondent. Standardized procedures are followed for encouraging selected respondents who are reluctant to participate as well as for calling numbers for telephones that ring with no answer or give a busy signal.

Through the sampling process, the Survey Research Group attempts to collect interviews from a random sample that is representative of California's population. However, the age and race/ethnicity characteristics of the CWHS sample differ to some extent from those of the female California population. In addition, the probability of selection within a household varies depending upon the number of telephone numbers and individuals living

## *The California Women's Health Survey Methodology, 2008*

Department of  
Health Care Services  
California Department of  
Public Health  
Office of Women's Health

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in the household. To obtain meaningful population estimates, all analyses in this report have been weighted to the age and race/ethnicity of the 2000 California female population. No adjustment is made for the observed differences in education or income: for a variable of interest, this means that if education or income of respondents varies from that of the general California population, any associations may not be captured.

Because of the limited sample size, data were distributed among four race/ethnicity groups. "White" refers to non-Hispanic Whites; "Hispanic" refers to respondents who said that they were of Hispanic origin regardless of race; "African American/Black" refers to respondents who said that they were African Americans/Black; and "Asian/Other" refers to respondents who were either Asian or belonged to additional race/ethnic groups. For analyses where there were too few women in some of the more detailed groupings, the groups were collapsed into two race/ethnicity categories: "White," which refers to non-Hispanic Whites; and "non-White," which refers to women of all other race/ethnicity groups. Unless specified otherwise, comparison of behaviors and/or outcomes by the different race/ethnicity groups was not adjusted for age differences.

Data from these Data Points should be interpreted with caution. Due to the cross-sectional design of the CWHS, causality cannot be established between the variables, because they were measured simultaneously. In addition, the survey is only completed in English and Spanish, which may exclude a portion of the population. Recall bias also may be a problem; information recall may be particularly difficult on a telephone survey. Another area of concern is that over-reporting of healthy behaviors and under-reporting of unhealthy behaviors is well-documented in behavioral survey research. This study is population-based, so the results can only be generalized to non-institutionalized adult women in California living in households with telephones. However, more than 95 percent of households in California are estimated to have telephones, and the effects of non-coverage appear to be small.

Each Data Point is meant to "stand alone," with data presented based on program needs and definitions. The definitions used in one Data Point may differ from those used in another. More methodological information and a thorough examination of the representativeness of the survey sample are available from the most recent *California Women's Health Survey SAS Dataset Documentation and Technical Report*. For a copy of the most recent technical report, please contact the Survey Research Group at (916) 779-0338.

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